

MONTANA BOARD OF PRIVATE SECURITY PATROL OFFICERS & INVESTIGATORS
PO Box 200513
Helena MT 59620-0513
(406) 841-2387

Private Investigator Trainee Supervisor Agreement

I, _____
Printed Name of Supervising Private Investigator License No.

agree that as a licensed private investigator with the Montana Board of Private Security Patrol Officers and Investigators, I will provide employment and direct supervision, and set forth the scope of the duties and training, of _____ as a
Printed Name of Private Investigator Trainee

private investigator trainee. I hereby state that the applicant for private investigator trainee has satisfactory character and is of good repute. I further agree that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains under my supervision as a private investigator trainee. This agreement can be terminated with the consent of either party and by written notification to the Montana Board of Private Security Patrol Officers and Investigators.

Private Investigator Trainee Date

Supervising Private Investigator Date